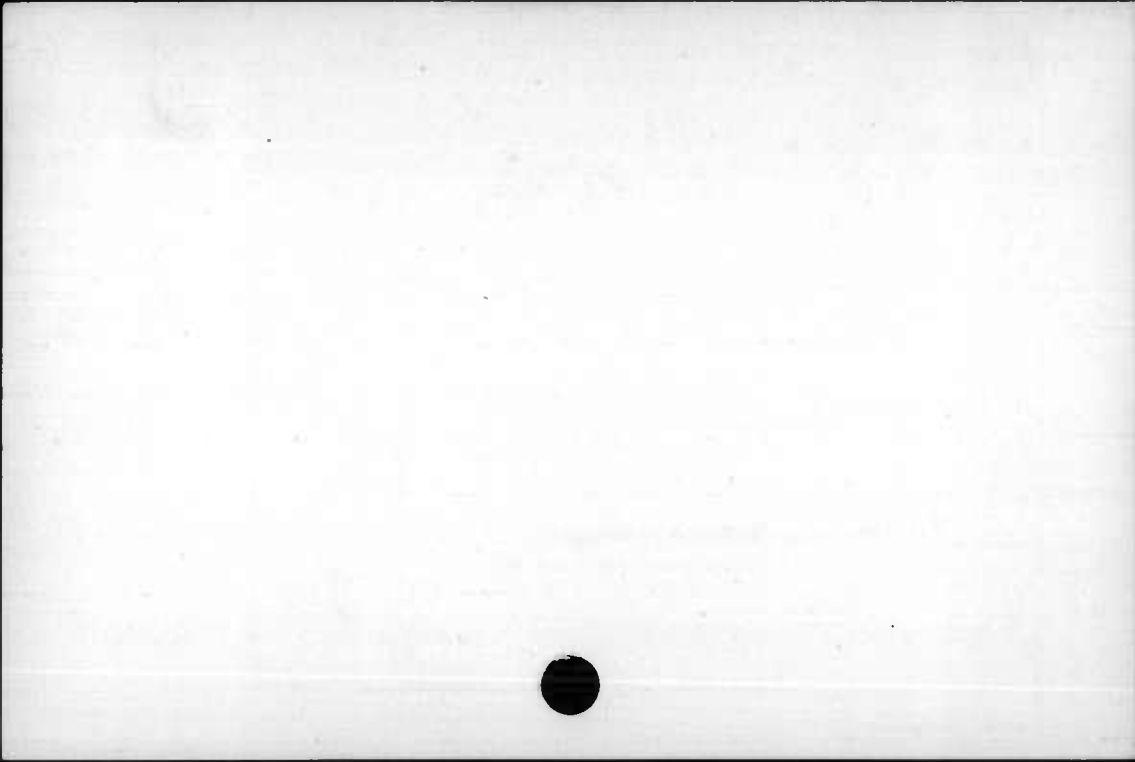


Name in Full Louisa Andersson		Town Salisbury		County Wicomico		STATE MARYLAND	
Died at		Date of death		Age		Months Days	
		1908 Feb 27th		78			
Sex Female		Color or Race Norlatto		Birth-place Somerset Co. Md.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John Andersson					
Father's Name Hayman		Father's Birthplace Somerset Co. Md.					
Mother's Maiden Name Cecilia Hayman		Mother's Birthplace " "					
Name of person giving information Mary Brown		How related to deceased Daughter					
CAUSES OF DEATH (64)							
Primary Arterio-sclerosis		How long					
Immediate Corboid hemorrhage		How long 24 hours					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Louisa W. Brown					
		Address Salisbury					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chesland
Town

Age

Chatham
County

MARYLAND

Date

1908

Month

Feb

Day

28

Years

Months

Days

28

Sex

Male

Color or
Race

White

Birth-
place

Chesland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Louis M. Chatham

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Lucretia A. Townsend

Mother's
Birthplace

" " "

Name of person giving
In formation

Lucretia A. Townsend

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Hemiplegic Cough

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

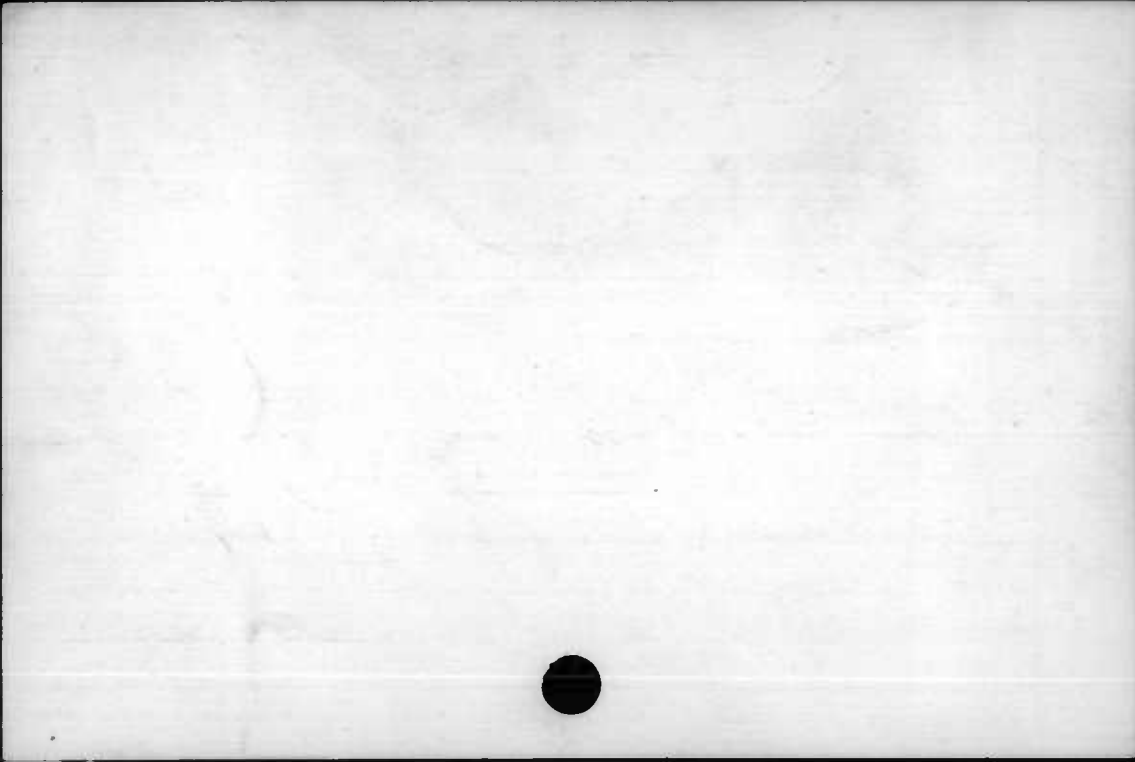
yes

Signature of
Physician

Address

R. J. Long
Allentown

Accident or Suicide?



Name
in
Full

Lellia Cordery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1908</u> Year	<u>Feb</u> Month	<u>29</u> Day	Age <u>69</u> Years	<u>2</u> Months <u>11</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Del</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband <u>William T Cordery</u>				
Father's Name <u>Levon Bradley</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Elisabeth Gillis</u>	Mother's Birthplace <u>Del</u>				
Name of person giving information <u>Lena Parker</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of bowel</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Salisbury, Md</u>
Accident or Suicide? <u>No</u>	

For Hallamway Theo

Name
in
Full

Herman R Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

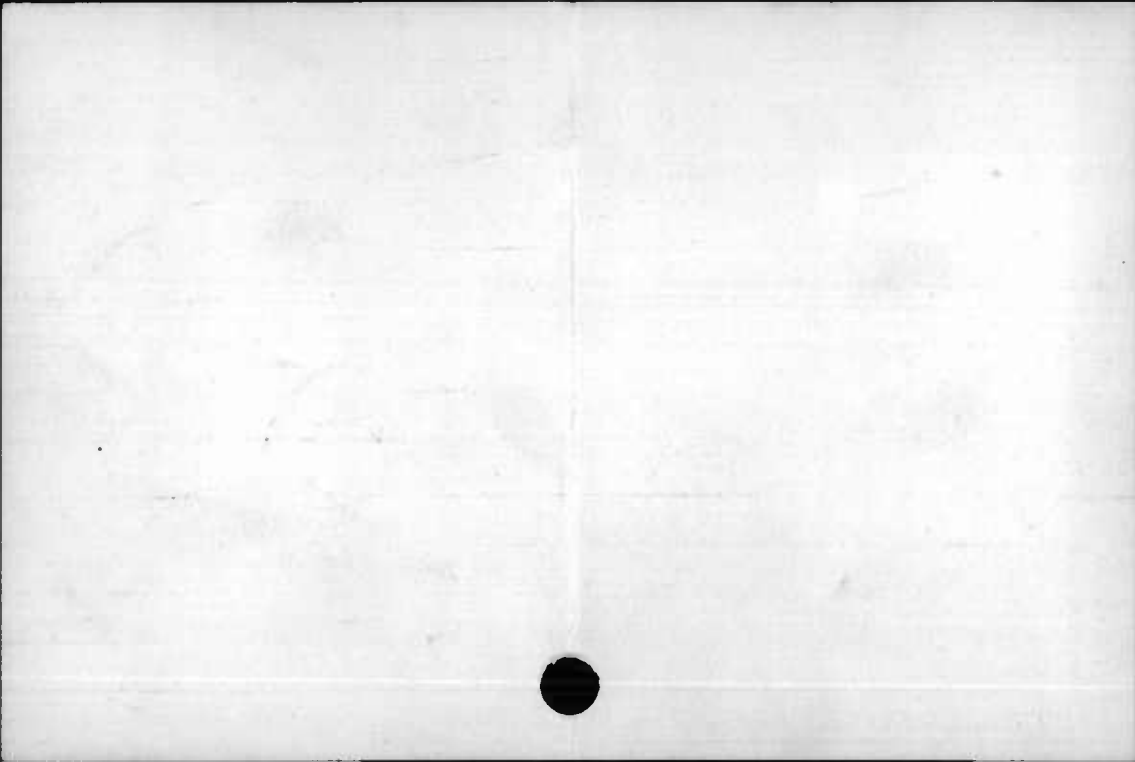
Died at <i>near Salisbury</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1908 Feb. 16</i>		Month		Day		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Levin J Davis</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Joanna Smith</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>William J Davis</i>		How related to deceased <i>Son & Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>18 months</i>	
Immediate <i>Physical Exhaustion</i>		How long <i>2 Days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Geo. W. Smith</i>	
<i>Yes</i>		Address <i>Parsonsbury</i>	
Accident or Suicide?		<i>Wicomico Co, Md.</i>	



Name
in
Full

Maria E Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury R.R. St</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death				
Married, Single or Widow		Name of Wife or Husband <i>William J Davis</i>					
Father's Name <i>James Parker</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elisabeth Kelley</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Eben H Parker</i>			(40)		How related to deceased <i>Brother</i>		

Cancer of Liver.

CAUSES OF DEATH

Metastasis in skin.

PHYSICIAN
OR CORONER

Primary <i>Epithelioma Cancer</i>	How long <i>2 years</i>
Immediate <i>Physical Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Geo. H. Spritt</i>
	Address <i>Parsonburg Md</i>
	<i>Wicomico Co</i>
Accident or Suicide?	

(Jan)

Name
in
Full

Abby Dickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

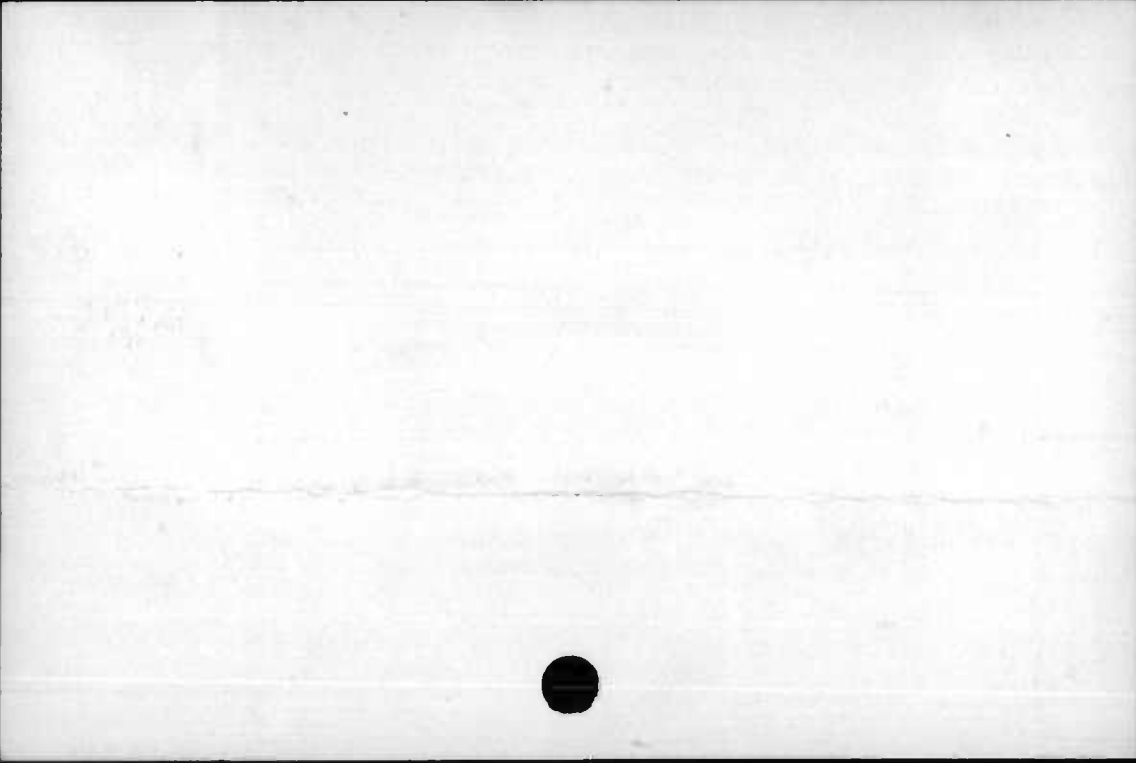
Died at		Town near Hebron		County Wicomico		MARYLAND	
Date of death		1908	Month 2	Day 23	Age 72	Years 4	Months 21
Sex Female		Color or Race Black		Birth- place Md			
Occupation Lady				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Sennis, Dickson			
Father's Name Unknown				Father's Birthplace Md			
Mother's Maiden Name Abby, Harey				Mother's Birthplace Md			
Name of person giving information Wm H. Dickson				How related to deceased Son			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	18 Months
Immediate	Unknown	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. English coroner	
		Address Mardella Spotts	
		Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

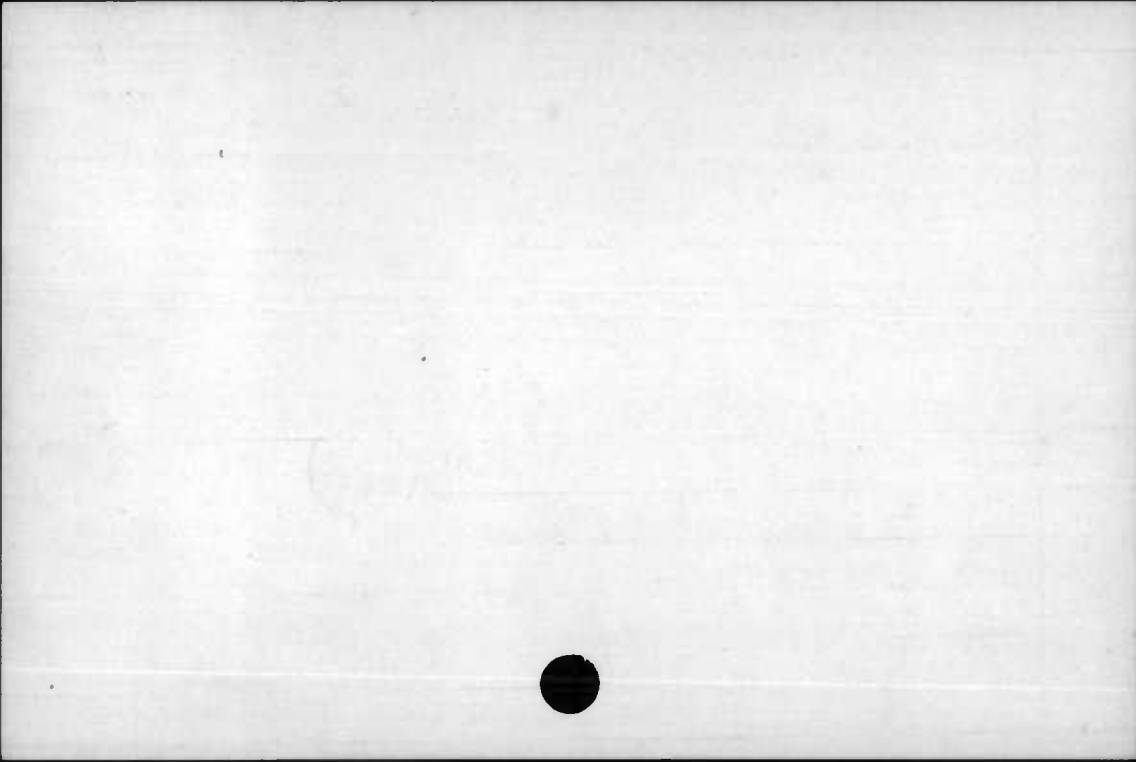
Name Mildred W. Fletcher		Town Shad Point		County Wicomico		MARYLAND	
Died at		Date of death 1908		Month July		Day 1st	
Sex Female		Color or Race White		Age 2		Years 7	
Occupation None		Birth-place Shad Point Md.		Months 0		Days 0	
Married, Single or Widowed Single		Where Residing if not at place of death None					
Father's Name Wade H. Fletcher		Name of Wife or Husband None		Father's Birthplace Deale Island Md.		Mother's Birthplace Shad Point Md.	
Mother's Maiden Name Daisie M. Kibble		Name of person giving information Wade H. Fletcher		How related to deceased Father			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Whooping-cough		How long 1 month	
Immediate Convulsions		How long 7 or 8 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. L. Smith	
		Address Salisbury, Md.	
Accident or Suicide? No			



Name
in
Full

Rosa G. Furber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

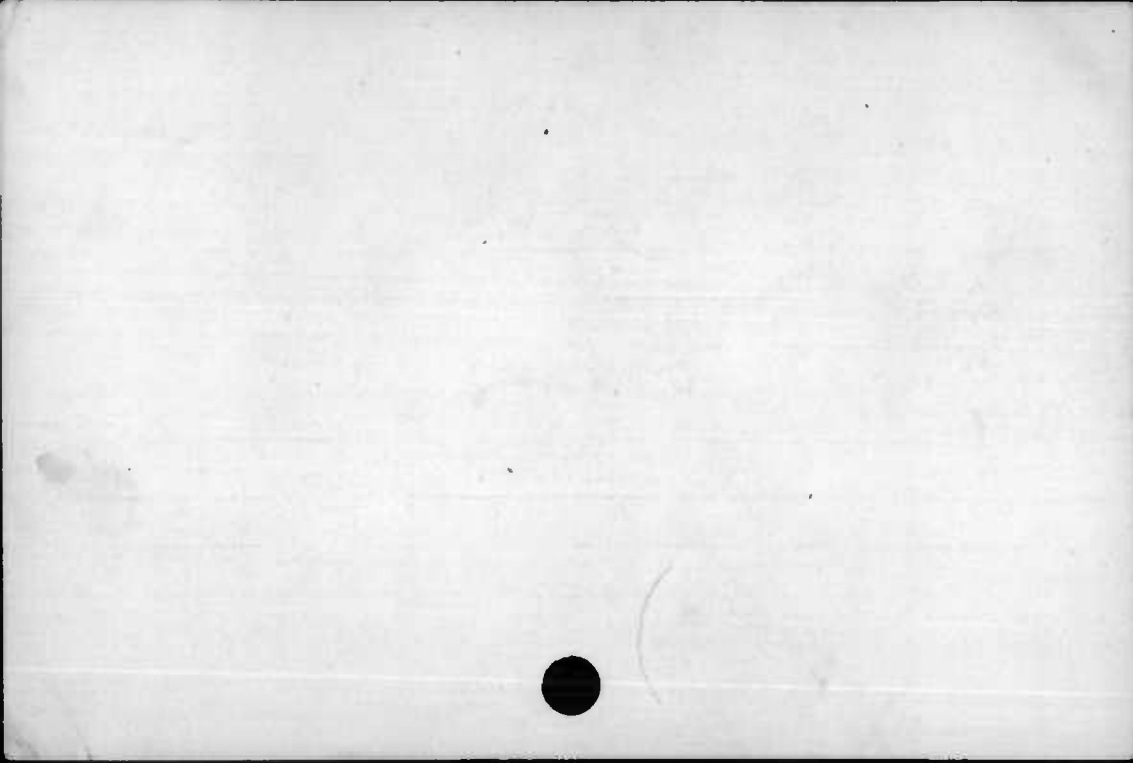
Died at <i>Wheaton</i> Town		<i>Wheaton</i> County		MARYLAND	
Date of death <i>1908 Feb</i>		Month <i>Feb</i>	Day <i>11</i>	Age <i>43</i>	Years <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James H. Furber</i>			
Father's Name <i>William T. Dinkin</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Rachel E. Weiss</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>James H. Furber</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy (Cerebral)</i>	How long	<i>short time</i>
Immediate	<i>Hemorrhage</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo H. Peterson, M.D.</i>	
		Address <i>Bivalve, Md</i>	
Accident or Suicide?			



Name
in
Full

B. A. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

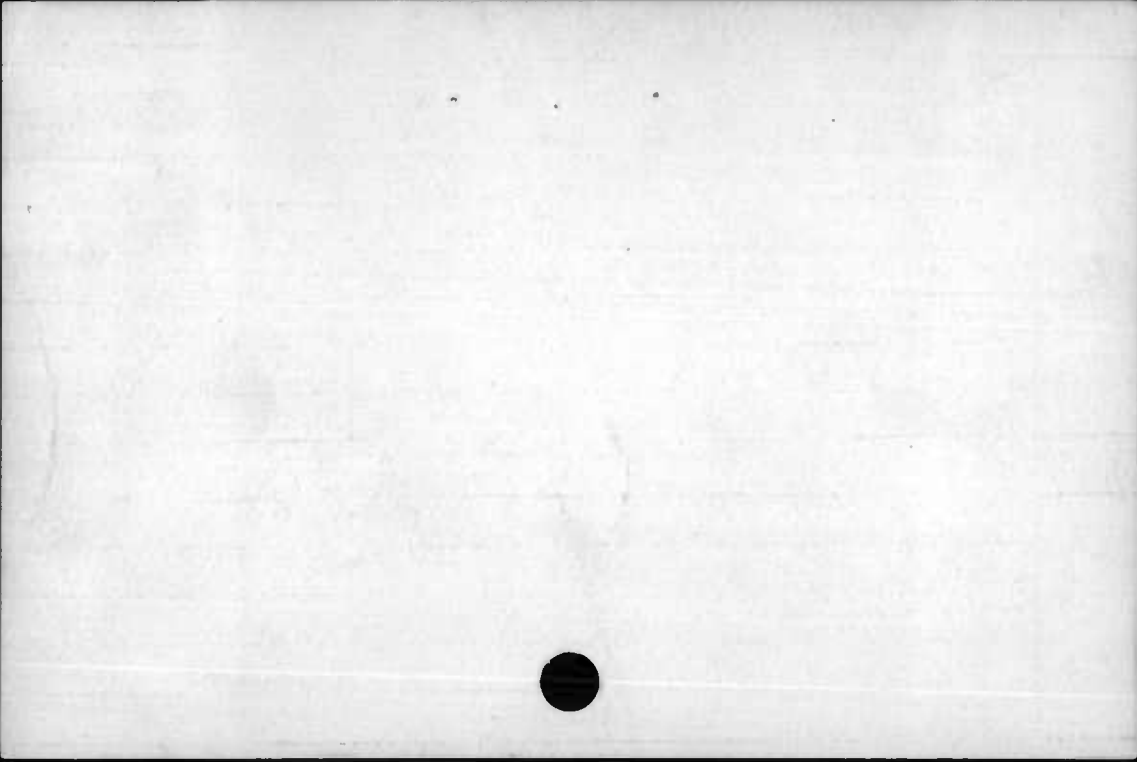
Died at 8		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	6	Years	Age 22
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Maryland</i>		Months — Days —	
Occupation <i>Operator in shirt factory</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Franka. Hall</i>					
Father's Name <i>E. J. Layton</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>R. R. Layton</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>E. J. Layton</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

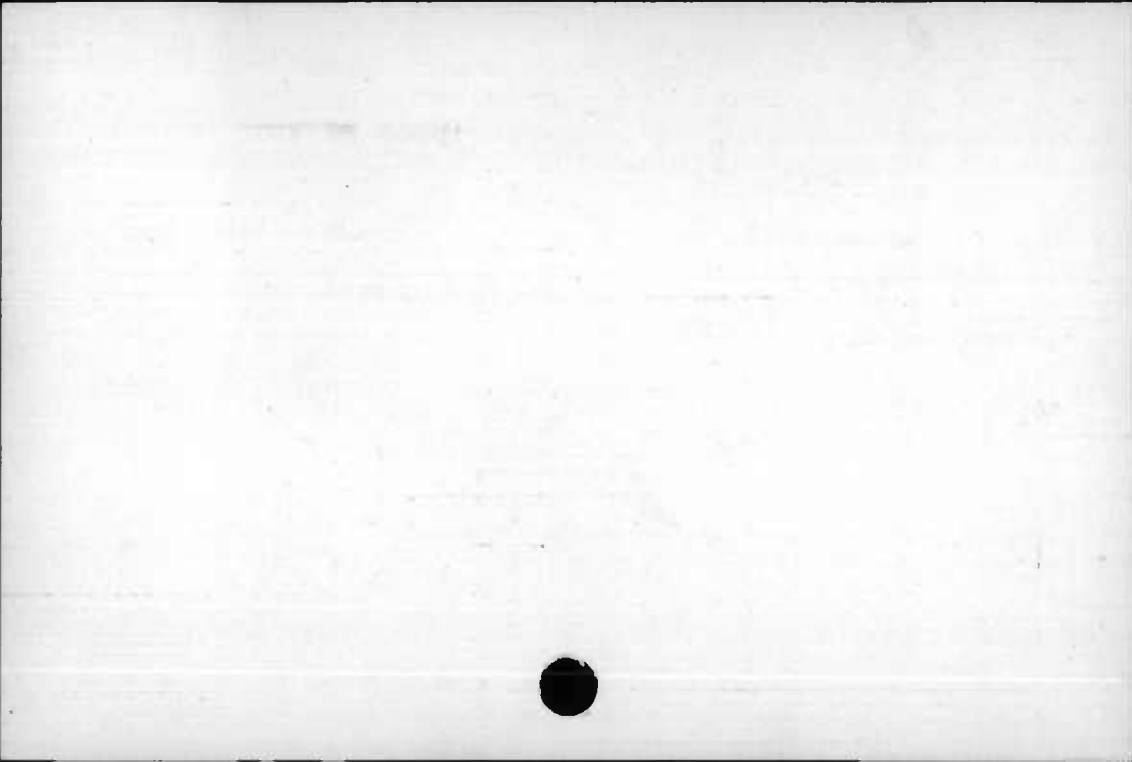
27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Conaway</i>
	Address <i>Hebron Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Mary J Jones		Town		County	
Bellevue		Wicomico		MARYLAND	
Died at		Date of death		Age	
1908		Feb 16		72	
Sex		Color or Race		Birth-place	
Female		White		Del	
Occupation		Where Residing if not at place of death			
Housework		Pittsville Md			
Married, Single or Widowed		Name of Wife or Husband			
Married		Jeremiah B Jones			
Father's Name		Father's Birthplace			
John West		Del			
Mother's Maiden Name		Mother's Birthplace			
Ellen Kepper		Del			
Name of person giving information		How related to deceased			
Archibald Jones		Son			
CAUSES OF DEATH					
Primary		How long			
Abdominal tumor (malignant?)		Don't know			
Immediate		How long			
Paralysis (Right Hemiplegia)		3 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Louis W. Morris M.D.			
		Address			
		Bellevue Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

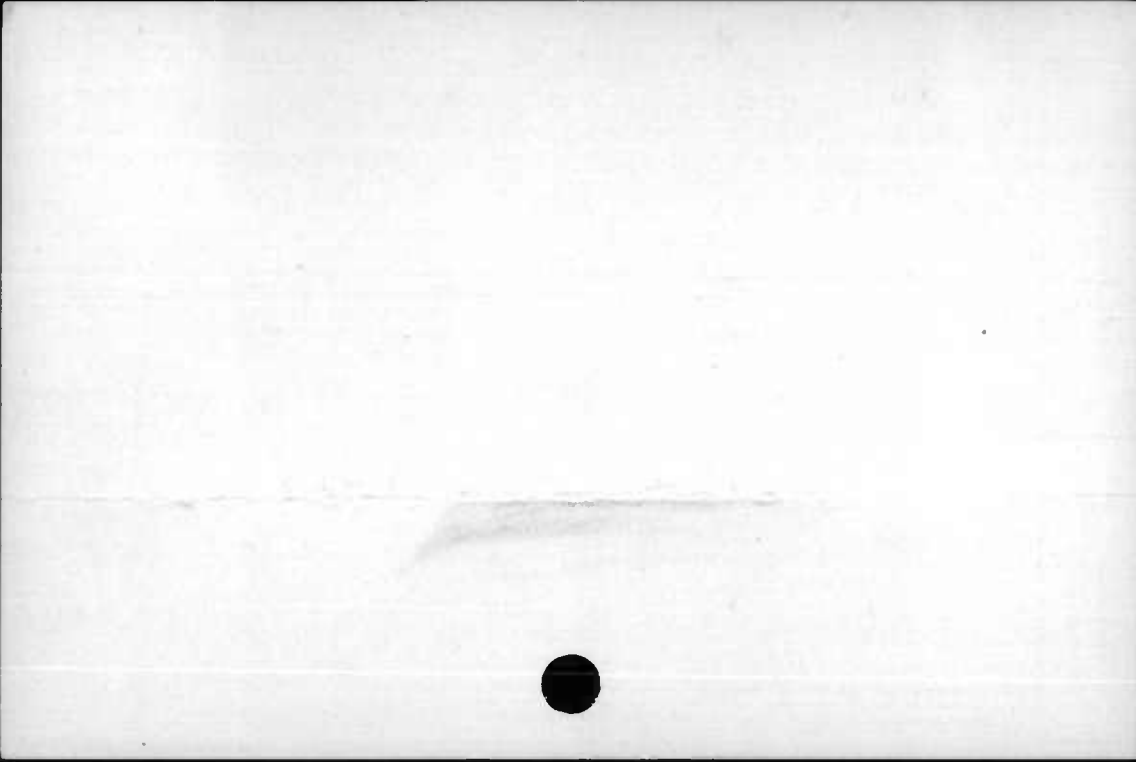
Died at <i>Her home</i>		Town <i>McCombs</i>		County <i>McCombs</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>2</i>		Age <i>5-9</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Del.</i>		Months <i>--</i>	
Occupation <i>Lady</i>		Where Residing if not at place of death <i>Md.</i>		Days <i>--</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isaac J. Kennedy</i>		Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Roger Phillips</i>		Mother's Maiden Name <i>Meriah Gravenor</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>I. J. Kennedy</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isaac S. English</i>
	Address <i>Mardela Spgs Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

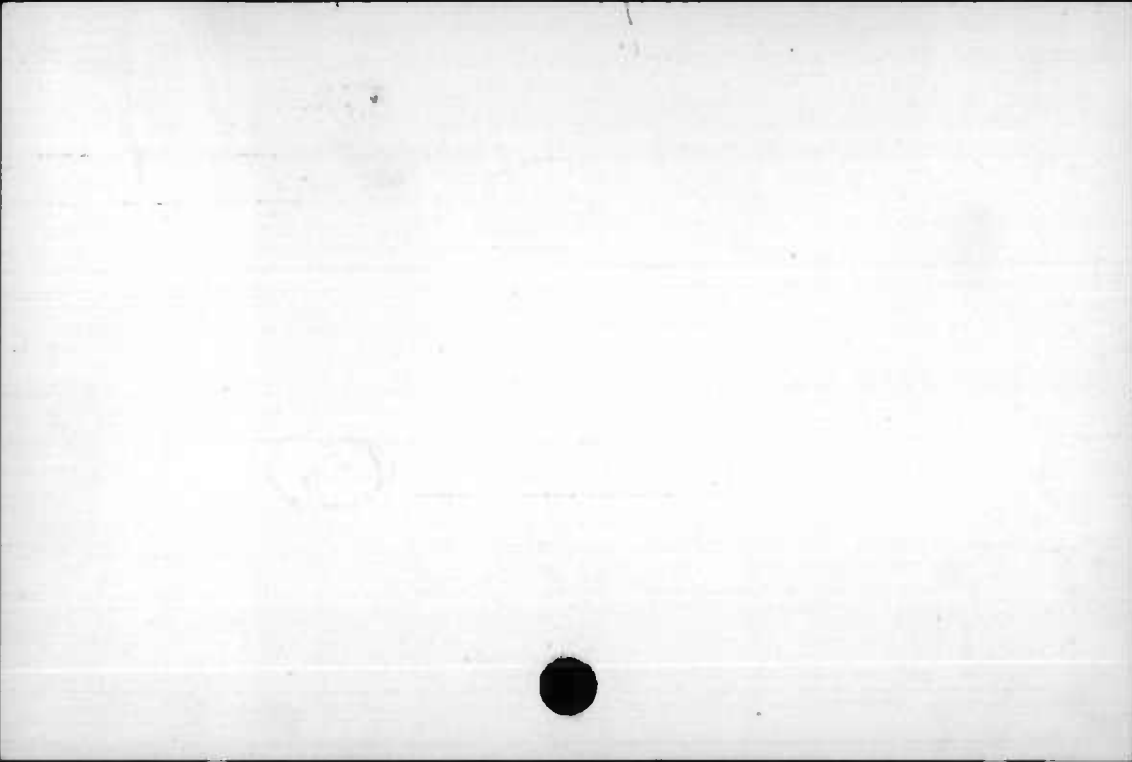
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	22			4	11
Sex		Color or Race		Birth-place			
Female		White		Salisbury, Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Edmund P Linett				Norway			
Mother's Maiden Name				Mother's Birthplace			
Basie Simmons				Md			
Name of person giving information				How related to deceased			
Edmund P Linett				Father			

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Anemia	How long	6 weeks
Immediate	Exhaustion	How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Dent	
		Address	
		Salisbury, Md	
Accident or Suicide?			
No			



Name
in
Full

Noah W. Majors

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

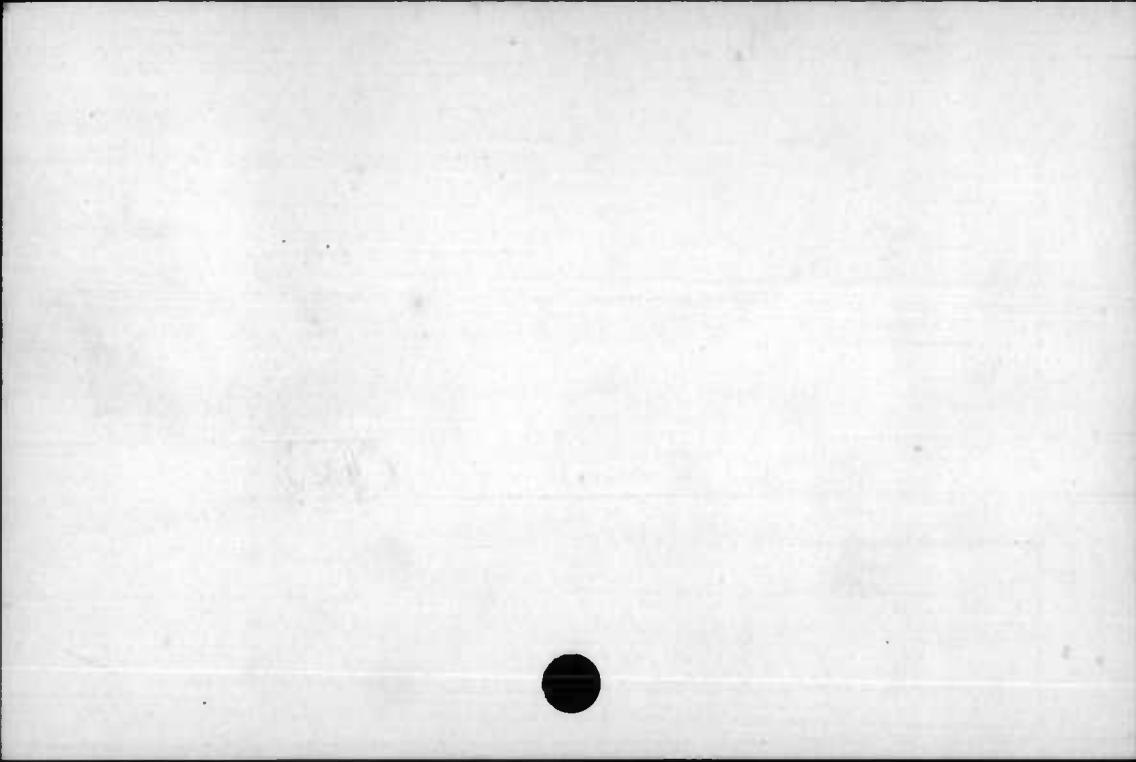
Died at		Town Hebron		County Wicomico		MARYLAND	
Date of death	1908	Month Feb.	Day 4th	Age 47	Years	Months	Days
Sex	Male		Color or Race	White		Birth place	Wicomico Co. Md.
Occupation	Farmer			Where Residing if not at place of death Near Spring Hill Md.			
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Majors			
Father's Name	Kendall Majors				Father's Birthplace	Wicomico Co. Md.	
Mother's Maiden Name	Mary Alpha				Mother's Birthplace	" " "	
Name of person giving In formation	James Majors				How related to deceased	Brother	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Killed outright; loading mine props		How long
Immediate	Accident while loading		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
M. J. P. & Hebron Md.		Address W. A. [Signature]	
Accident or Suicide?			



Name
in
Full

Samuel W. Messick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

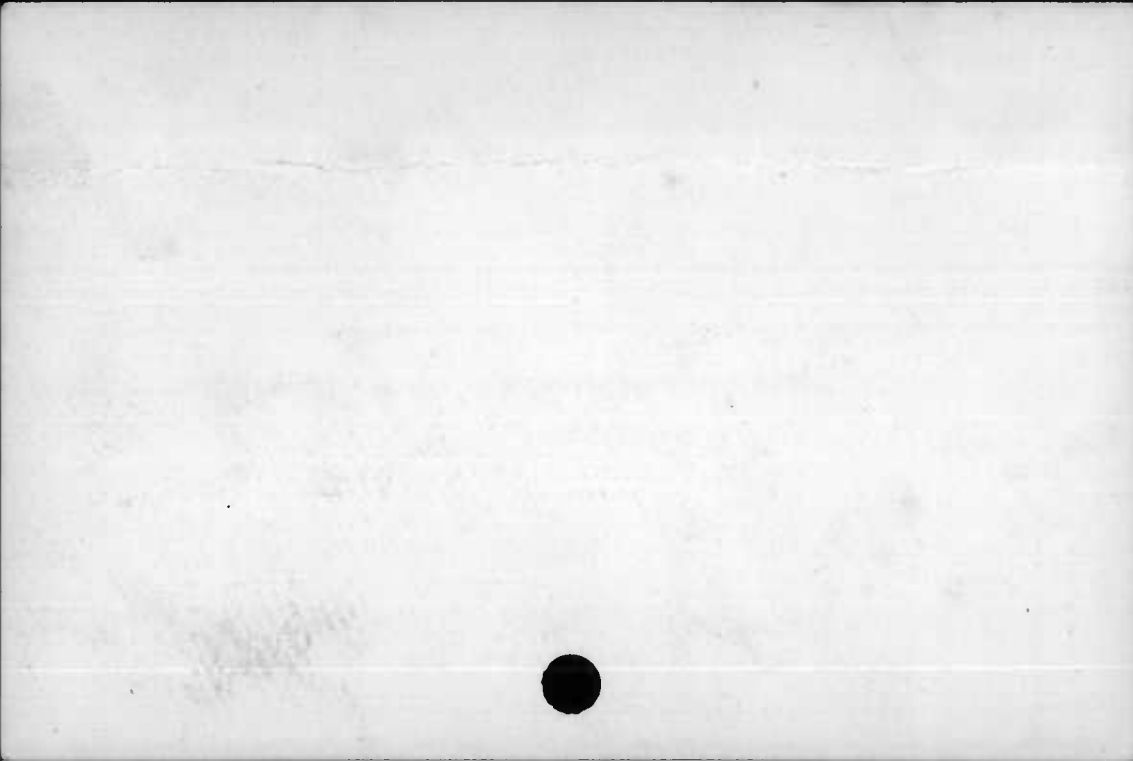
Died at		Town <i>Tyaskin</i>	County <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month <i>Feb.</i>	Day <i>10</i>	Age Years <i>39</i>	Months <i>1</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Hautierke</i>			
Occupation <i>carpenter</i>			Where Residing if not at place of death <i>Tyaskin</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Samuel W. Messick</i>			Father's Birthplace <i>Tyaskin</i>			
Mother's Maiden Name <i>Martha Barkley</i>			Mother's Birthplace <i>Hautierke</i>			
Name of person giving Information <i>Pearl Messick</i>			How related to deceased <i>Sister</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 years</i>
Immediate	<i>Patient medicine - cutting up</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>J. B. Bishop M.D.</i>	
		Address <i>Nautierke</i>	
Accident or Suicide?			



Name
in
Full

Bessie Kuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Feb.</u>	Day	<u>20</u>
Age	<u>8</u>	Years		Months	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>va</u>
Occupation	<u>school girl</u>		Where Residing if not at place of death <u>va</u>		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>W. F. Kuster</u>			Father's Birthplace	<u>Don't know</u>
Mother's Maiden Name	<u>Ida Kuster</u>			Mother's Birthplace	<u>Don't know</u>
Name of person giving information	<u>Father</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<u>Appendicitis</u>	How long	<u>4 days</u>
Immediate	<u>Appendectomy, shock.</u>	How long	<u>15 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Louis W. Kerner M.D.</u>
		Address	<u>Salisbury Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

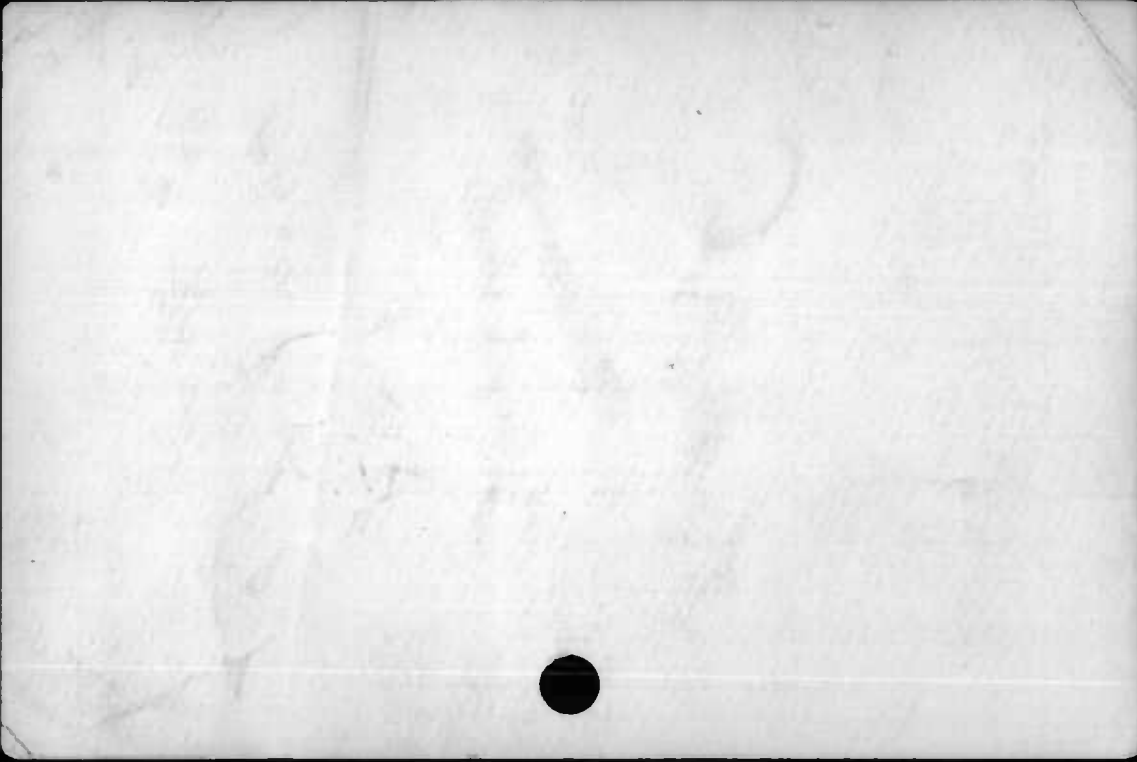
Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1908 Feb		6	Age	56		
Sex	Female	Color or Race	Col	Birth-place	Delaware	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name		Stanley		Father's Birthplace		
Mother's Maiden Name		Mary Burr		Mother's Birthplace		
Name of person giving information		James A. Moore		How related to deceased		
				Sons		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Don't know	How long	
Immediate	Cardiac failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Sarah E Phippin

Town

County

MARYLAND

Died at

Date
of death *1908*

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

120

Primary

How long

Immediate

How long

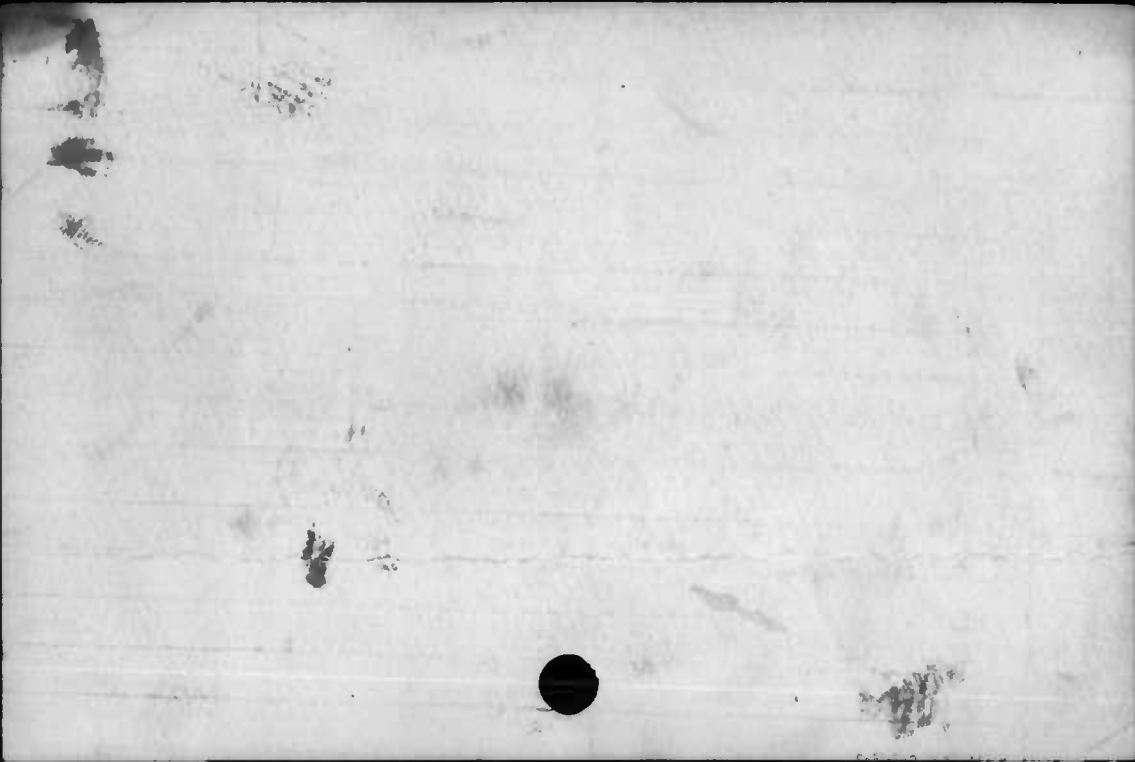
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William H. D. Pope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

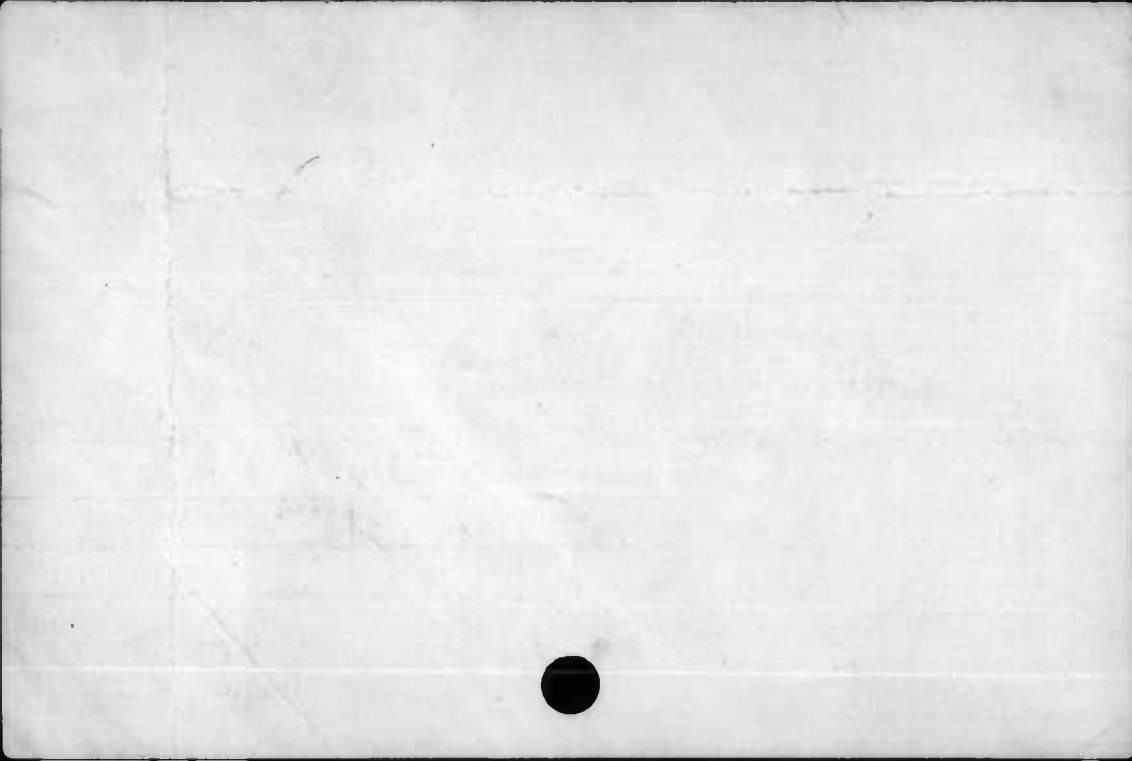
Died at <i>White Haven</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1908 Feb 21</i>		Age <i>6</i>		Months	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>H</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Greensbury H. Pope</i>	Father's Birthplace <i>H</i>				
Mother's Maiden Name <i>Mary E. Wingale</i>	Mother's Birthplace <i>H</i>				
Name of person giving information <i>Greensbury H. Pope</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Catarrhal Bronchitis</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H. Betts Jr. M.D.</i>
	Address <i>Bivalve, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908 Feb		1	1	70			
Sex	Male	Color or Race	Black	Birth-place	Ind		
Occupation	Kosher			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband Ella Williams.			
Father's Name	Jesse Williams			Father's Birthplace Ind.			
Mother's Maiden Name	Hessitt Robbins			Mother's Birthplace Ind.			
Name of person giving information	Annie Robbins			How related to deceased No Relation			

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	Senility.	How long	
Immediate	Progressive Paralysis	How long	6 months.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. Alton B. Potter	
Address		Salisbury, Md.	
Accident or Suicide?			

Hollingsworth

Name
in
Full

Martha Wooders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month} <u>Feb</u> ^{Day} <u>4</u>	Age	<u>59</u> ^{Years}	<u>—</u> ^{Months}	<u>2</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Del</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Handy Wooders</u>		
Father's Name	<u>Wernis West</u>		Father's Birthplace	<u>Del</u>	
Mother's Maiden Name	<u>Julia A. Collins</u>		Mother's Birthplace	<u>Del</u>	
Name of person giving information	<u>Mary Whaley</u>		How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

How long

8 1/2 years

How long

few hoursPHYSICIAN
OR CORONERPrimary Pancreatic tumorImmediate Shock - following removal

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Salisbury Md

Accident or Suicide?

No

Mr. Hollaway

In the County
of ...
Geo. H. ...
In the County
of ...

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

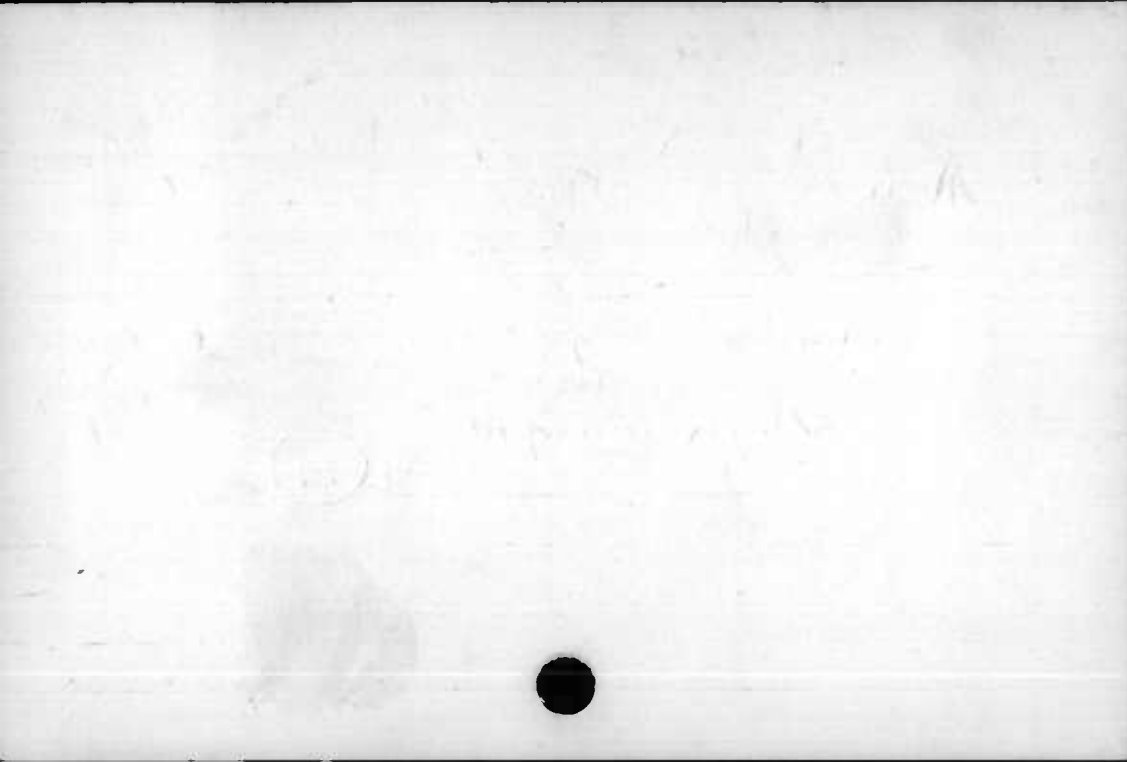
Name in Full John W Wright		Town Salisbury		County Meconine		MARYLAND	
Died at Salisbury		Date of death 1908 Feb 28		Age 77 Years		Months 4 Days 14	
Sex Male		Color or Race White		Birth-place Del			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Ann Wright					
Father's Name Tranels Wright		Father's Birthplace not known					
Mother's Maiden Name Don't know		Mother's Birthplace unknown					
Name of person giving information Ann Wright		How related to deceased wife					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Voluntary Heart trouble	How long 15 years
Immediate Heart failure	How long inst.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician O. B. Potter
	Address Salisbury Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E Wright

Died at *Shawblow* Town *Wicomico* County

Date of death *1908* Month *2* Day *19* Age *35* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Dorchester Co*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John Wright*

Father's Name *Mr McWilliams* Father's Birthplace *MD*

Mother's Maiden Name *Rhoda Lankford* Mother's Birthplace *MD*

Name of person giving information *John Wright* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Glomerular Kidney* How long *7 years*

Immediate *Tuberculosis?* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. W. Gossard*

Address *Shawblow, MD*

Accident or Suicide?

